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78340 Emerson, Tho 777 W. Market Akron, OH 4430	mson & Bennett, I Street	8/2008 LLC	Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. Depositor's name) (Signature)			
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APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	ΓA	TORNEY DOCKET NO.	CONFIRMATION NO.
10/067,181 02/04/2002 David A. Martin 22467.30018 4891 TITLE OF INVENTION: METHOD OF MEDICAL MALPRACTICE AND INSURANCE COLLABORATION						
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FE	E TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	01/08/2009
EXAM	IINER	ART UNIT	CLASS-SUBCLASS			
RINES, ROBERT D		3686	705-004000	l		
"Fee Address" ind PTO/SB/47; Rev 03-0 Number is required. 3. ASSIGNEE NAME A PLEASE NOTE: Unit recordation as set fort (A) NAME OF ASSIGNEE (A) TO ASSIGNEE (ondence address (or Cha 3/122) attached. ication (or "Fee Address' 12 or more recent) attach ND RESIDENCE DATA ess an assignee is identi h in 37 CFR 3.11. Comp SNEE Allison,	Inge of Correspondence If Indication form led. Use of a Customer A TO BE PRINTED ON The infield below, no assignee poletion of this form is NOT	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) 50101, 0H			
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a. Applicant claims	sus (from status indicated is SMALL ENTITY statu If Publication Fee (if requeecords of the United State	l above) s. See 37 CFR 1.27.	b. Applicant is no long from anyone other than the Office.	er claiming SMALL E	NTITY status. See 37 CFR	1.27(g)(2). assignee or other party in
Typed or printed name Daniel A Thomson Registration No. 43, 189						

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